

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 1957

36984

STATE FILE NUMBER

Registration District No. 299 Primary Registration District No. 3056 Registrar's No. 249

1. PLACE OF DEATH a. COUNTY RANDOLPH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RANDOLPH			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBERLY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MOBERLY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WABASH HOSP.			Length of stay in 1b 65 Yrs.	d. STREET ADDRESS 505 S. 4th St.			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EDWARD Middle JAMES Last POORE				4. DATE OF DEATH Month OCT. Day 26 Year 1957			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-29-1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RTD. CONDUCTOR			10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and state or country) MEXICO, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JOHN POORE				14. MOTHER'S MAIDEN NAME ELIZABETH RICHY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 703-01-1272		17. INFORMANT MRS. E. J. POORE		Address MOBERLY	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malnutrition - senility Linitis Plastica (X-Ray) Cerebral Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Linitis Plastica (X-Ray) DUE TO (c) Cerebral Arteriosclerosis							INTERVAL BETWEEN ONSET AND DEATH 1 yr + 1 yr + ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 151X				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 9-30-56 to 10-26-57 and last saw her alive on 10-26-57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE McMurry MD (Degree & title)				22b. ADDRESS Wabash Hosp		22c. DATE SIGNED 10-27-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-27-1957	23c. NAME OF CEMETERY OR CREMATORY OAKLAND		23d. LOCATION (City, town, or county) MOBERLY		(State) Mo.	
24. FUNERAL DIRECTOR MANAN FUNIL HOME - MOBERLY			25. DATE RECD. BY LOCAL REG. 10/27/57		26. REGISTRAR'S SIGNATURE Leah Bloune		

(Licensed Embalmer's Statement on Reverse Side)

NOV 15 1957
NOV 5 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John A. Greer*.....

Licensed Embalmer No. 3814

P. O. Address *MADRID, N.M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.